

**EMPORIA STATE UNIVERSITY
OFFICE OF GRADUATE STUDIES AND RESEARCH
TRAVEL ASSISTANCE APPLICATION**

Name: _____ Position/rank: _____

Department and campus box number:

Title of paper to be presented or explanation of other scholarly activity (*See guidelines for eligible activities*):

Meeting at which paper will be presented or other activity performed:

Location of meeting: _____

Dates of travel: _____

Estimated allowable travel costs (*estimate as close as possible all costs of trip, including Airfare, lodging, registration, mileage, per diem, parking, other ground transportation*): \$ _____

Amount of support committed by the department: \$ _____

Amount of support committed by the school or college: \$ _____

Amount of support committed by Graduate Studies and Research: \$ _____

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Signature of Applicant

Date

Signature of Department Head

Date

Signature of School/College Dean

Date

Attach evidence that the paper or other activity has been accepted for presentation or performance (*approval will be given without such evidence, but documentation is required before payment can be made*).

Submit this form to the Research and Grants Center, Box 4003, at least 30 days before the trip begins.

* Form is available on O:\Common\Grants\travel.doc